

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970

P.O. BOX 616, HONOLULU, HAWAII 96809 TEL.: 587-0460 FAX: 587-0470



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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

STATE OF HAWAII

	(Type or Print	Clearly)	STATÉ ETHICS C	OMMISSION
PART I LOBBYIST			· · · · · · · · · · · · · · · · · · ·	
NAME(Last)	(First)	(Middle)		TELEPHONE
KANEKO	WILLIAM	M •		F24 1000
				524-1800
	eet) rican Savings Bank Tower	(City)	(State)	(Zip Code)
1001 Richon Str				
EMPLOTING ONGANIZATION	N (Fill in only if you are employed by a busi	ness entity which has b	een retained to lobby	TELEPHONE
7 - CMON				
ALSTON HUNT FLOY	· · · · · · · · · · · · · · · · · · ·			524-1800
MAILING ADDRESS (Str		(City)	(State)	(Zip Code)
	rican Savings Bank Tower eet, Honolulu, HI 96813			,
1001 BISHOP BEIG	set, honorulu, hi 96813			
PART II ORGANIZA				
NAME OF ORGANIZATION Y	OU LOBBY FOR (Do not abbreviate)		/	TELEPHONE
	OF NATUROPATHIC PHYSICIA	NS		372-5802
MAILING ADDRESS (Str	eet)	(City)	(State)	(Zip Code)
1401 0 77' 01				·
1481 S. King Street, #312, Honolulu, HI 96814				
NAME OF PERSON RESPON	ISIBLE FOR PREPARING ORGANIZATION	S EXPENDITURES STA	TEMENT	TELEPHONE
DR. KEVIN GIBSON	Ŋ			372-5802
MAILING ADDRESS (Stre	eet)	(City)	(State)	(Zip Code)
1481 S King St	reet, #312, Honolulu, HI	96814	, ,	
1401 B. King Bei	Honorata, mi	90014		
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services		cience, Technology &
			E	conomic Development
Communications &	Government Operations &	Intergovernmen		ourism & Recreation
Public Utilities	Finance	International Affa	airs	
Consumer Protection	& Hawaiian Affairs	Labor & Employ	ment T	ransportaion
Commerce			· · · · · · · · · · · · · · · · · · ·	
Culture, Arts, Historic	X Health	Planning, Land &	& Water O	ther: (indicate below)
Preservation		Use Manageme	nt	`
Ecology, Energy.	Housing	Public Safety &	Corrections	
Ecology, Energy, Environmental Protect	tion			
<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
	and the state of the	,	3/24/0	-
	Milly aux			
	(Signature of Lobbyist)		(Date)
PART V AUTHORIZ	ATION TO LOBBY			
NAME		TITLE OF AUTHORIZ	ING OFFICER OR PE	RSON REPRESENTED
DR. KEVIN GIBSON	N :	Legislative	Chair	,
NAME OF ORGANIZATION (i	f applicable)			TELEPHONE
·				·
HAWAII SOCIETY	OF NATUROPATHIC PHYSICIA	NS		372-5802
	eet)	(City)	(State)	(Zip Code)
· ·	•			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
3/31/03				
Signature of	of Authorizing Officer or Person Represente	d)	(Date	9)
- (Signature C	, , wandizing officer of , crook hopresonte	-1		